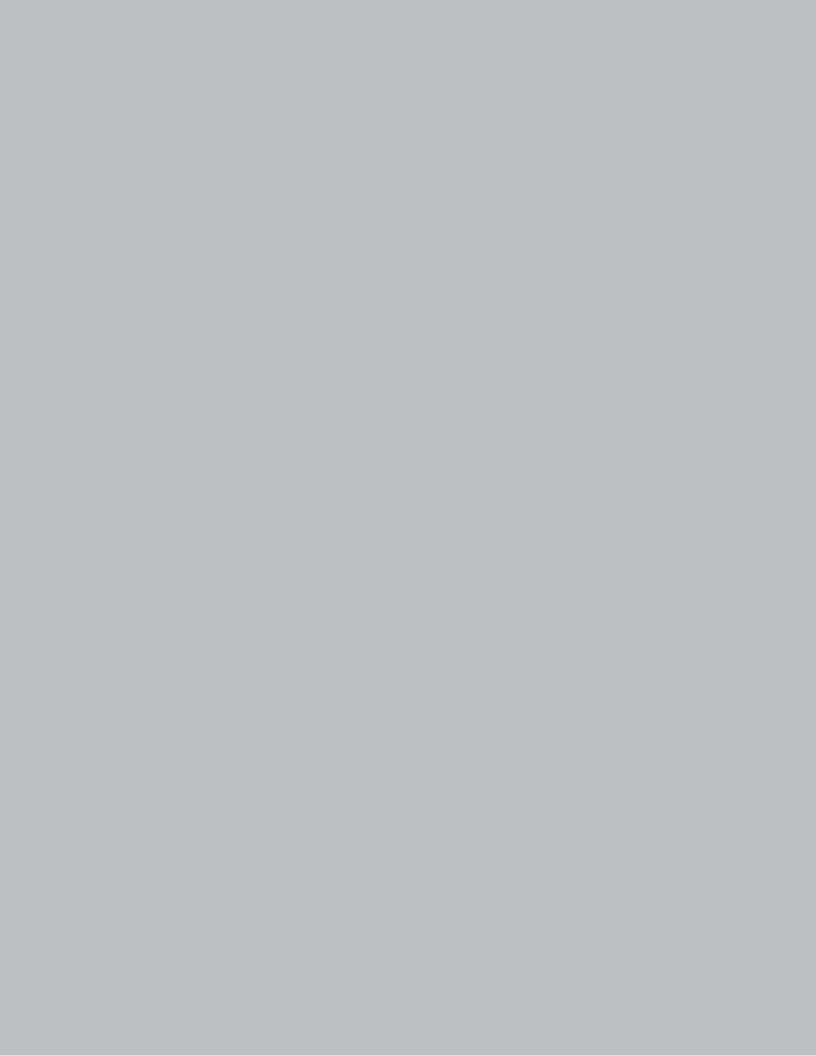


Commissioners' voting on recommendations





Commissioners' voting on recommendations

In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation, and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Implementing the Medicare drug benefit: Formulary and plan transition issues

No recommendations

Chapter 2: The Medicare Modernization Act and chronic care improvement

No recommendations

Chapter 3: Dual eligible beneficiaries: An overview

No recommendations

Chapter 4: Purchasing strategies

No recommendations

Chapter 5: Defining long-term care hospitals

5A The Congress and the Secretary should define long-term care hospitals by facility and patient criteria that ensure that patients admitted to these facilities are medically complex and have a good chance of improvement.

- Facility-level criteria should characterize this level of care by features such as staffing, patient evaluation and review processes, and mix of patients.
- Patient-level criteria should identify specific clinical characteristics and treatment modalities.

Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Yes:

Reischauer, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Rosenblatt **5B** The Secretary should require the Quality Improvement Organizations to review long-term care hospital admissions for medical necessity and monitor that these facilities are in compliance with defining criteria.

Burke, DeBusk, DeParle, Durenberger, Feezor, Hackbarth, Muller, Nelson, Newhouse, Raphael, Yes:

Reischauer, Rowe, Smith, Stowers, Wakefield, Wolter

Absent: Rosenblatt

Chapter 6: Hospice care in Medicare: Recent trends and a review of the issues

No recommendations

Chapter 7: Information technology in health care

No recommendations